

3 June 80  
Subj. File

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

Office of General Counsel

OGC 80-04741

3 June 1980

Mr. Frank M. Machak  
Information & Privacy Coordinator  
Department of State, Room 1239  
2201 C Street, N. W.  
Washington, D. C. 20520

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CENTRAL INTELLIGENCE AGENCY  
SOURCE METHODSEXEMPTION 3020  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2007

Dear Mr. Machak:

Reference is made to my letter dated 2 April 1980 transmitting two State Department documents for your review.

Through an administrative error, the copy of Form V-30 transmitted to your office in early April was not a copy of the document as it appears in CIA files. A true copy of the form as it appears in our records is attached to this letter.

I apologize for any inconvenience this error may have caused you.

Sincerely yours. . . .

Attachment, a/s

OGC:JPK:lck

Distribution:

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- 1 - JPK Signer

FOR COORDINATION WITH

State

## PERSONAL DATA FORM

PRINT OR TYPE AND PRINT LAST NAME FULLY.

Name: Sapchak First Name Middle Name Maiden Name

Give all aliases or assumed names which you have ever used and reason for using:

Abdul Karim Abdullatif used to facilitate the pronunciation of my nameDate of birth: January First 1915Day YearPlace of birth: Schamshak Caucasus RussiaCity District CountryHeight: 5' 7 1/2" Weight 145 lbs Color of hair Black Color of eyes BlueSex: Male Female Religion MoslemDistinguishing Marks: Nationality at birth: Caucasian Present Nationality JordanianAll other nationalities you have had: NoneYour profession or occupation: Education: Schools Attended:  Where (City) Degrees AwardedFirst Secondary 1935-1938 TachamkaiSecond Secondary 1938-1940 Military School 1940-1942 Orskanidze (U.S.S.R.)

List all occupations held since the age of 16. Attach extra sheets if necessary.

Year  Place Kind of Work Annual Salary1939-1940 Orskanidze It. 2500 Roubles1942 Orskanidze Chief 175 D.H. per1943-1944 Orskanidze Chief 200 D.H. per1944 Orskanidze Represent. 200 D.H. per1945 Orskanidze Represent. 200 D.H. per

FOUO



Spouse's date of birth: 1955 Present Nationality: JORDANIAN  
Month Day Year

Spouse's Nationality at Birth: CAUCASIAN Present whereabouts of spouse: AMMAN (J)

List all children, indicating adopted children and/or step-children:

First Name Middle Name Adopted and/or step-children Present whereabouts  
KAZBEK TSCHERIN AMMAN

SARAH TSCHERIN AMMAN

Dates and places of birth of all children:

Month Day Year City District Country Present National

BRUCK/A. MOE AUSTRIA JORDANIAN

MAFRAQ JORDAN JORDANIAN

Parents: Family Name First Name Middle Name Present National

Your father: BOOZGALV TOO TSCHIRZ DECEASE

Your mother: DEDE KURASH

Spouse's father: IBRAHIM MAJID Unknown

Spouse's mother: KHUMSAB

When and where born: Month Day Year City District Country

Your father: 1873 Tahtamukai Caucasus Russia

Your mother: 1882

Spouse's father: 1907 IBRAHIM MAJID Unknown

Spouse's mother: 1907 KHUMSAB



If widowed or divorced, give full name of former spouse(s) and year marriage(s) terminated: //////////

Give names of all persons accompanying you to the United States: HOSEYASHO SOOBE

(Born Ibrahim Djahress) my wife, and my two children Kasbek & Sarah

Give the names and addresses of any close relatives or friends in the United States, they are relatives of your spouse. This should be indicated: //////////

Give the name, address, and relationship of at least one reference in the United States and one outside of the United States: //////////

Have no relations in the United States or outside of the United States: //////////

Have you or any of the persons accompanying you ever applied for a visa of any type the United States? If yes, explain: NEVER BEFORE. THIS IS THE FIRST APPLICATION

If you or your spouse ever resided in, visited, or entered the United States, other as a prisoner of war, give the date of entry, type of visa, reason for entry, and date and reason for departure: //////////

If you or your spouse had a Reentry Permit at the time of your departure from the United States, give the Reentry Permit Number and the date of expiration: //////////

INDICATE ALL PHYSICAL DEFECTS OF YOURSELF, SPOUSE, OR CHILDREN: //////////

I certify that all the above answers are true and complete.

Date

Signature

Supplemental Information

List the names, addresses, and present occupation of your living brothers and sisters

| <u>Name:</u>      | <u>Address:</u> | <u>Occupation:</u> |
|-------------------|-----------------|--------------------|
| Mos Too Soobachov |                 |                    |
|                   |                 |                    |
|                   |                 |                    |
|                   |                 |                    |

List names, addresses, and occupation of your children, if they reside apart from you

| <u>Name:</u>                                                                 | <u>Address:</u> | <u>Occupation:</u> |
|------------------------------------------------------------------------------|-----------------|--------------------|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                 |                    |
|                                                                              |                 |                    |
|                                                                              |                 |                    |
|                                                                              |                 |                    |

What is the occupation of your father and what is his present address:

Deceased.

How frequently and by what means do you communicate with those relatives listed above who do not reside in the same community as you do? By mail

Where and when were you last married? 1942